



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 20, 2019

Ms. Rosemarie Provetto, Manager
Pillsbury Manor - South
20 Harbor View Road
South Burlington, VT 05403-7850

Dear Ms. Provetto:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 31, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

2019/02/08 08:17:44 4 /6

PRINTED: 02/06/2019
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/31/2019
NAME OF PROVIDER OR SUPPLIER PILLSBURY MANOR - SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 20 HARBOR VIEW ROAD SOUTH BURLINGTON, VT 05403	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R100	Initial Comments: An unannounced facility complaint investigation was completed on 1/31/19 by the Division of Licensing and Protection. The following regulatory violations were found.	R100	
R189 SS-11	V: RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, facility nurses failed to consistently document changes in condition and action taken after one applicable resident in the targeted sample experienced a change in clinical signs and symptoms. (Resident #1) Findings include: Per record review on 1/22/19, a progress note dated 11/23/18 stated "resident...became angry and anxious, yelling, screaming and pulling at hair..." The note stated that subsequently, a staff member was able to calm the resident. The next progress note was dated 12/31/18 and stated "resident acting very off her usual baseline, unable to stand...tremors noted...slow speech..." There were no nursing notes regarding the	R189	<ol style="list-style-type: none"> 1. All current residents medical records will be reviewed to ensure accurate and complete documentation. 2. New policy regarding nursing documentation has been implemented to ensure accurate and timely documentation on resident change in status, see attached 3. Nursing staff will be educated on new policy regarding documentation by February 15, 2019 4. The Director of Nursing or designee will monitor for compliance. 5. Compliance will be achieved by February 18, 2019

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

STATE FORM

638

SDV-111

If continuing, attach 1 of 3

R189 - R206 POC's accepted 2/15/19 MBH/AREN/rmc

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R189	Continued From page 1 incident on 11/23/18 to indicate that the resident was monitored and assessed after displaying behaviors indicative of some kind of possible change in condition. The lack of documentation during the 4.5 weeks between the two progress notes (following the resident's change in signs and symptoms) was confirmed during interview with the unit nurse on 1/22/19 at 7:45 PM.	R189	
R206 SS-D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 23 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1812. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility staff failed to report potential resident abuse to the Executive Director after receiving information from a resident that required further investigation. The incident was related to one applicable resident in the targeted sample. (Resident #1) Findings include: Based on a report received by the licensing agency, Resident #1 had verbalized that they had received items of a sexual nature from a man they did not know. Per interview with a facility nurse on 1/22/19 at 7:30 PM, the nurse stated that another nurse informed her that she had	R206	1. The facility is responsible to report all suspected forms of abuse, neglect or exploitation of restraints in their care. 2. All staff will be re-educated on facility policy regarding abuse, neglect and exploitation reporting as well as mandatory reporting 3. The Director of Nursing or designee will monitor for compliance. 4. Compliance will be achieved by February 18, 2019

Division of Licensing and Protection
STATE FORM

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CDV411

if continuation sheet 2 of 3

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R208	Continued From page 2 seen condoms on the resident's table in a plastic bag. The nurse said s/he asked the resident 'where did (s/he) get them' and who had given the condoms to her. The resident stated that a man she did not know had given them to her. A later interview with the nurse who had seen the condoms in the resident's room confirmed that she had asked the resident about the bag of condoms on the resident's table and brought them to the nurses' station where the other nurse placed them by the computer. The nurse was not sure of the date these were observed, although it was sometime around a 2 week period from the last week in December 2018 and early January, 2019. Neither nurse wrote a progress note, nor made a mandatory report of the event to the Administrator/Executive Director of the facility, per the facility's Abuse Reporting Policy. During interviews at the facility on 1/22/19 and telephone interviews conducted after that date on 1/24/19, multiple staff confirmed that they were aware of the incident and no one had reported the potential abuse, as required	R208	

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